

Chapter-Sponsored Scholarship Form

Must be submitted by April 15 to AMBUCS Resource Center

From: _____ Chapter

To: National Scholarship Committee
c/o AMBUCS Resource Center
PO Box 5127
High Point, NC 27262
336-852-0052 or fax 336-852-6830



Be sure the applicant provides the following support documents to AMBUCS Resource Center:

- School Enrollment Certification
- Student Personal Statement
- Student Aid Report (From FAFSA)

This letter certifies that the _____ Chapter of AMBUCS has complied with the following criteria and thereby requests that the applicant listed below be considered as officially sponsored by the aforementioned Chapter. Applicant Social Security Number (last four digits only): XXX-XX-_____

Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip: _____

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|--|-------------|
| 1. Interviewed Applicant | Date: _____ |
| 2. Presentation by Applicant, written or verbal, given to general membership | Date: _____ |
| 3. Sponsorship motion approved by Board of Directors | Date: _____ |
| 4. Sponsorship motion approved by general membership | Date: _____ |

Signed: _____ (Chapter President or Scholarship Chair)

Title: _____ Date: _____

Phone: _____ Email: _____

PLEASE share your Recommendations or Comments: _____

Note: All chapters are invited to sponsor one (1) student for the Scholars Program. Please limit additional chapter sponsorships to no more than three (3) sponsorships for every \$500 your chapter donates in Scholarship funds.

If you send in more than one sponsored student, please provide a ranking of the students for the committee's review. Please use a scale of 1 as first choice, 2 as second choice, etc. Using the approved criteria of financial aid, Chapter sponsorship, Character for Compassion and Integrity, and Career Objectives. Note rank in the top right-hand corner of this document.